



PRELIMINARY HIGHLIGHTS

from the Evaluation of

Child Welfare Pilot Projects in 11 Counties

**Prepared by The Results Group under contract with the
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INTRODUCTION

On behalf of the California Department of Social Services, Children and Family Services Division, The Results Group is conducting a multi-year evaluation of the Child Welfare Services (CWS) System Improvement Pilot Projects underway in 11 California counties. Three strategies are being piloted in all counties:

- *Standardized Safety Assessment (SSA)* – an approach that established the standards, tools and protocols used to assess a family's strengths and needs, as well as a child's safety throughout the life of a case. This allows the social worker to make consistent decisions about child removal and placement.
- *Differential Response (DR)* – provides CWS with an improved way to engage families in services based on the family's strengths and needs, with a focus on early intervention and community partnerships. DR provides services to families that would have ordinarily had referrals closed without being offered any services.
- *Permanency and Youth Transition (PYT)* – a variety of programs are utilized to maximize permanency; increase life-long, permanent connection rates; and support emancipating youth to succeed in adulthood.

The following are preliminary results from the first phase of this multi-year evaluation. The first section presents instances where preliminary data indicate that the pilots are achieving the desired outcomes. The second section describes areas where challenges were encountered and lessons learned.

PROGRESS TOWARD DESIRED OUTCOMES

The outcome statements below are illustrated with examples from various counties. Time periods vary based on the data available (See Appendix A for a legend of the county codes).

1. Children are removed from their homes less often.

Rates of first-entries into foster care decreased from:

- 3.1 to 2.6 per 1,000 child population (PL)¹
- 2.6 to 2.1 per 1,000 child population (CC)²

Program example: Team Decision Making (TDM) is a process for bringing together youth, birth families, relatives, foster families, community members, service providers, social workers, and others involved with a youth and family to empower the youth, share information and collaborate on ALL placement decisions. TDMs were used at the initial placement stage only on a limited basis in 6 of the 11 Pilot Counties, but these **TDMs allowed more than 11,000 children to remain in their homes** who would otherwise have been removed.³

"Once we hook a family up with services, we can dismiss the petition with voluntary services and not remove the child."

– Social Worker

"I was so anxious about the TDM meeting last night, I couldn't sleep. Now, having gone through it, I am so relieved and feel great that we were part of the process."

– Family Member

2. More children are reunified within 12 months.⁴

Overall in the 11 Pilot Counties, the percentage of families that were reunified within 12 months increased by 8.2%, while the other 47 counties experienced a decrease of 0.9%.

Examples of the increase in individual pilot counties from:

- 21.4% to 34.5% (LA)
- 23.7% to 32.5% (ST)
- 28.5% to 42.8% (SLO)

"For all of us, our goals are the same... Helping families provide safe, nurturing environments for their children. By working together, we can enhance and expand the services we provide."

– Social Worker

3. Recurrence of maltreatment has decreased.⁵

In the 11 Pilot Counties, the rate of recurrence of maltreatment within 3 and 6 months decreased by 1.6%, and within 12 months the rate decreased by 1.9%. In the remaining 47 counties, the decrease was 1.0% within 3 and 6 months, and 0.9% within 12 months.

Examples of the decreases in individual pilot counties from:

- 10.8% to 7.2% (at 3 months, GL)
- 13.0% to 8.9% (at 6 months, HU)
- 26.6% to 17.0% (at 12 months, SLO)

Program Example: The Incredible Years Program offers training in parenting skills. Among children whose parents have completed the program, the rate of recurrence of maltreatment is 5.7%, which is 2-6% lower than that of the rest of the county. (HU)⁶

"Families don't always need CWS
but they do need services."
– Social Worker

4. Fewer children re-enter foster care within 12 months after being returned to their homes.⁷

In the 11 Pilot Counties, the rate of re-entry into foster care within 12 months of reunification decreased by 2.1 percentage points from 12.9% to 10.8%. In the remaining 47 counties, there was an increase of 0.1 percentage point from 13.7% to 13.8%.

Examples of the decreases in individual pilot counties from:

- 25.0% to 20.5% (PL)
- 52.2% to 16.7% (TR)
- 22.2% to 20.7% (SA)
- 5.3% to 4.6% (LA)

Program example: In the Parent Partner program, successfully reunified parents mentor newly involved Child Welfare families – helping the parents navigate the child welfare system, learn how to advocate for themselves, and work their case plan. In one county, preliminary analysis shows that for the initial cases involving Parent Partners, **14.7% of the youth have reunified within 3 months of being removed, compared to 9.6% for a matched historical sample.** None of the reunified youth who had Parent Partner involvement have returned to foster care. (CC)⁸

"This is the second time we've
been through family reunification.
It's so different. The first time, we
didn't have choices or help.
This time, with the TDM we know
what resources are available and
that we're not alone."
– Parent

5. Placements are more stable – children are moved from placement to placement less often.

Children with no more than two placements in 12 months increased from:

- 76.8% to 82.1%. (ST)⁹
- 81.2% to 83.5%. (SM)¹⁰

Program Example: In a May 2006 study, families that had TDMs for placement change had fewer placement changes after the TDM. For the six months before the TDM was held, the average number of placement changes was 1.9; for the six months after the TDM, the average dropped to 0.48. Also, the average number of foster child who prematurely exited the system pre-TDM was 0.53, vs. 0.09 after. (CC)¹¹

"We were separated from the
community. Now we are
reconnected. We're trying to keep
kids within the same community -
before kids were often placed in
other communities."
– Social Worker

6. Length of time in foster care has decreased.

In the 11 Pilot Counties, the number of children that had been in care for 24 months or more decreased by 13.8 percentage points.¹² The average length of time a child remains in foster care decreased from:

- 41.5 to 18.8 months (LA)¹³
- 19.2 to 14.4 months (ST)¹⁴
- 73.2 to 43.2 months (CC)¹⁵

"There were a couple of dramatic
cases where we were able to get
kids back home quickly because
people from various services
came to the TDM."
– Program Administrator

7. Children/youth are placed in less restrictive settings.

In the 11 Pilot Counties, the number of children placed in kinship or guardianship on their first entries into foster care rose by 6.7 percentage points (41.0% to 47.6%). This compares to a drop of 2.4 percentage points in the rest of the counties (39.2% to 36.8%).¹⁶

In the 11 Pilot Counties, the number of children placed in group homes on their first entries into foster care decreased by 1.3 percentage points (6.5% to 5.3%). This compares to a decrease of .6 percentage point in the rest of the counties (7.0% to 6.5%).¹⁷

Examples of the changes in individual pilot counties:

- Initial placements in group homes declined from 9.9% to 6.8%, and primary placements in foster family homes increased from 34.7% to 41.5%. (CC)¹⁸
- Children age 12 and younger in group home care decreased by 33%, from 414 to 276 children. (LA)¹⁹
- The percentage of children in group homes declined from 12.0% to 8.7%. (SM)²⁰
- Youth placed with a guardian, relative, or in a small family home has increased from 32.0% to 35.4%. (SM)²¹
- Placement with relatives or non-related extended family members increased from 8.7% to 22.0%. (TE)²²

“Our goal is to keep children in the least restrictive environment possible – keeping them with parents or family if possible, and engage the extended family for support.”
– Social Worker

8. An increased number of youth establish permanent connections to adults.

- 230 children/youth have an identified lifelong connection with a committed and caring adult. (ST)²³
- As a result of the Permanency Partners Team, 17 children have been placed in adoptive homes, 4 caregivers have agreed to adoption, and 3 children were returned to their birth parents. (SA)²⁴

Program example: The Permanency Partners Program (P3) re-hires retired Social Workers to find “lost” parents or unknown family members for long-term foster youth who would otherwise remain in the system indefinitely. Of 900 youth in the P3 program, 40 have exited the child welfare system (20 returned to the home of a parent, 20 have a legal guardian), 228 have a permanency plan, 94 have a plan of legal guardianship, 92 are progressing towards adoption, and 42 are working towards reunification with a parent. (LA)²⁵

“The youth don’t have that hopelessness that you often see – that sense of no connection. They are hopeful and connected to a family or a friend.”
– Social Worker

9. An increased number of families and emancipating youth have received services.

As a result of DR in the 11 counties **more than 8,800 families have received services** that would not have been offered were it not for the pilots.²⁶

Emancipating youth are benefiting from Independent Living Skills Programs (ILSP):

- The number of youth participating in ILSP increased 12%, from 7,428 to 8,317. (LA)²⁷
- Emancipated youth between age 18 and 21 who participated in ILSP: 87% completed high school, 90% were employed or continuing their education, and only 3% were receiving welfare or government assistance. (PL)²⁸
- Among youth receiving ILSP services, the number enrolled in higher education increased from 52 to 188; the number who are employed or with means of support is up from 102 to 226. (CC)²⁹

“Our new programs offer a wonderful opportunity for families to receive support in a positive manner. As a Home Visitor for a community based organization, I feel privileged for being a person a family can count on.”
– Home Visitor

10. Families are more engaged and more committed to making the necessary changes.

TDMs involve families in planning to prevent the removal of their children, or to make the necessary changes to have their children reunified with them.

Percentage of TDMs that involve at least one parent:

- 100%; an additional family member or other interested individual: 60%. (GL)³⁰
- 73%; an additional parent: 34%. (SM)³¹
- 70%; an additional family member or other interested individual: 93%. (SA)³²

Families who participate in Differential Response often engage voluntarily in services that help improve their situation prior to child welfare involvement.

- 82% of families referred to Family Resource Centers participated in a strength-based family assessment; of these families, 57% participated in on-going case management services. (ST)³³
- Early findings show that 8-12% of families would be re-referred and formally enter the CWS system if DR was not available, but only 1% of the families referred for DR services have subsequently entered the system. (PL)³⁴

"This is the first time anyone has asked me what I'm good at. I finally understand the process; it feels good to be involved in making decisions about my children."

– Family Participant, TDM

"Differential Response has been a great way to help connect families to resources within their own community, and also to let the family take the driver's seat in their lives, while we, the community agency, just help navigate through the ride."

– Family Resource Center

11. County CWS programs are establishing effective partnerships with other agencies.

The 11 Pilot Counties have partnered with a diverse group of organizations to meet the needs of families. As a result:

- Community partners attended 81% of TDMs. (SA)³⁵
- Service providers attended 60% of TDMs. (GL)³⁶
- TDMs occur at tribal headquarters, and tribal members have responded positively to the process. (HU)³⁷
- A CWS ER worker meets weekly with the district attorney's office and sheriff's detectives to discuss child sexual abuse cases. Additionally, a probation officer on staff works emergency referrals, which helps the courts accept CWS recommendations for children in the gray area between CPS and Probation. (TR)³⁸
- Two AmeriCorps volunteers are Foster Youth Leaders/Mentors, and they have created a permanency handbook. (SA)³⁹

Program example: Two pilot counties have fully integrated services, from public health, mental health, education, probation, community partners and tribes; staff work side-by-side and meet regularly to coordinate services. (HU, PL)⁴⁰

"Families and community members know that we [community agencies] have no power to take their children – so they're more open to receiving services from us, and talk more openly about their situation."

– Community Partner

"The open communication and relationship we have with CWS has built a stronger partnership and network between all FRCs."

– Family Resource Center

12. The community perception of CWS is changing – from “baby snatchers” to “a resource to help families.”

In the 11 Pilot Counties, CWS is engaging families, community members, and other organizations. The public perception of CWS is changing from that of an organization that comes to take children from their parents, to one that helps ensure the safety of children and the well-being of families. Counties report that families, teachers, etc. support this preventive, strength-based approach. One county conducts a service satisfaction survey with parents, and positive ratings increased by 25%. (SLO)⁴¹

"The atmosphere has gotten a lot different. When I knock on the door, they say, 'Come on in. I know who called you. Come on in.'"

– CWS Social Worker

CHALLENGES AND LESSONS LEARNED

- 1. It will be difficult to evaluate some of the pilot approaches in the short term, as they will show significant results over a longer time span.**

Particularly for programs addressing permanency and youth transition, the ultimate goal is that youth will exit the foster care system to become fully functioning, healthy and productive adults, reducing involvement with the social services and criminal justice systems. However, as it sometimes takes years for former foster youth who are not succeeding to show up in these systems, results will only become apparent over a long time period. To assess these outcomes most effectively would require longitudinal studies involving significant numbers of youth.

- 2. The positive outcome of improved perception of CWS creates a corollary unanticipated outcome: increased referral and case rates.**

As the 11 Pilot Counties expand their implementation of DR and TDMs, they establish more partnerships with service providers, serve more families, and build a better reputation in more communities. The expected result is that caseloads will decrease as more of the families are receiving preventative services. However, some counties are noting a parallel trend that could increase referral and active case rates. They report a greater willingness of neighbors and community partners to call CWS more readily, or for families to self-report. These families, neighbors and service providers report that the family may get help rather than expecting that the child will be removed from the home. Increasing referrals may explain why the overall rate of first removals in the 11 Pilot Counties has not declined even though, as noted earlier, initial placement TDMs prevented over 11,000 removals. At this early date there is insufficient data to assess this possibility, but it will be important over time to evaluate this. If an improving perception of CWS does increase referrals and active case rates, counties point out that this would be a positive outcome, in that the families who need help are not going without services. On the other hand, increased referral rates will place a greater burden on community resources, and for those families not suited for a community response, an increase in active cases as well.

- 3. Some approaches dramatically change how CWS and Community Partners manage “workload.”**

In the case of DR, some social workers serve fewer families, but the issues these families face are often more complex, requiring adjustments in how workload is measured and managed. Also, the capacity of community partners is limited. This presents a challenge for CWS administrators in matching the need for services to these external resources.

Lesson Learned: As DR is fully implemented and utilized it is likely to require more resources, initially for county staffing, and on an ongoing basis for community partners to provide services.

Lesson Learned: Some counties have conducted extensive outreach to develop community resources – not only with the usual service providers, but with individuals who can be resource people, with neighborhood groups, and with organizations that can develop services.

- 4. In many cases, a relatively small amount of funding could enhance implementation of the pilot strategies, in turn dramatically improving services and/or reducing program costs.**

Many of the pilot counties have realized that launching and fully implementing the pilot strategies requires an up-front investment of resources in order to realize returns later – whether the expected returns are cost reduction, or better outcomes for children, families, the criminal justice system, etc.

Lesson Learned: Many of the pilot counties are seeking to leverage public funding with grants from foundations and other sources. However, as the pilot strategies are expanding in the pilot counties and potentially into other counties, sources of funding are limited. It may be worth considering a statewide effort to identify and develop “seed funding” sources (e.g., a consortium of foundations).

5. Barriers to inter-agency collaboration may require policy and program changes.

The pilot strategies require significantly greater collaboration between county CWS departments, other public agencies, and community partners. Counties report several instances where policies and program changes are required to facilitate this collaboration. Perhaps the largest barrier involves confidentiality requirements that, in some counties, prevent CWS from sharing case information with other agencies. It is difficult for CWS to make referrals, and for the agencies attempting to serve the CWS families to effectively provide services, unless information about the case can be provided.

Lesson Learned: In some counties, a county-wide “Universal Release of Information” allows greater communication of case information between agencies.

6. The 11 Pilot Counties are making fundamental changes that require CWS staff, families, and community partners to think and act differently. To be successful, this level of change requires considerable effort and time.

6a. Making the fundamental shift to new ways of working requires CWS staff to change how they think about their work, the roles they play, and how they interact. For example, social workers must embrace new Standardized Safety Assessment (SSA) tools and procedures. Some social workers initially complained that the SSA “feels like we are having our judgment taken away from us – I can make decisions; I don’t need a tool to help me.”

As another example, in Parent Partner programs some social work staff, attorneys, and other team members view the Parent Partner as an “aide”, there to support the decisions the team makes. It has been a challenge to clarify that the Parent Partner is a friend/advocate and is a team member who may have a different view of the situation, and that this view is important and valid.

Lesson Learned: Staff make the transition more smoothly with advance training, change management processes, and “testimonials” from other workers who know the benefits of using the new approaches.

6b. A key to the success of TDMs is participation by other agencies, with the social worker not being the sole decision-maker. This requires that everyone understand these new roles and take on new responsibilities. Initially, some counties experienced resistance from unions, or reluctance on the part of other agencies to embrace these new roles and responsibilities.

Lesson Learned: The hurdle is getting them to participate the first time – after that, there is little or no resistance because they understand how TDMs work and experience the benefits of the approach.

6c. County agencies tend to have more established systems and more levels of management than Community Based Organizations (CBOs). However, these CBOs tend to be more able to change programs quickly and can sometimes accomplish surprising results with limited budgets. The pilot strategies, particularly DR, require that counties entrust families to these CBOs. It sometimes is difficult for the two organizations to adjust to the differences in systems and styles.

Lesson Learned: Counties are working with CBOs to establish collaboration procedures. As systems become refined over time, this may be an area where best practices can be shared among counties.

7. Federal funding restrictions constrain counties in achieving federal outcomes.

Prior to implementing DR, the necessary capacity for expanded community-based services often did not exist. Counties had to develop and fund community services in order to refer families. Funding streams such as Title IV-E are tied to the removal and maintenance of children in out-of-home care. This creates an enormous challenge for counties in implementing, developing, and sustaining DR. Current federal funding restrictions require the state and counties to rely heavily on State General Fund and county funds to achieve federal outcomes for improved child safety, timely permanence and prevention of unnecessary use of out-of-home care. These funds may be limited or unavailable due to fluctuations in the state and county budgets. All states, including California, need to advocate for the increased flexibility of the use of federal funding in order to fund more services, particularly preventative services. This would assist in aligning federal funding streams with the federal outcomes, instead of having funding restrictions that constrain states in achieving these outcomes.

The next step for the evaluation of the 11 County Pilot includes the completion of a full report that will be released in Fall 2007. The report will describe in more detail some of the county implementation of the CWS Improvement strategies, the results of the pilot and the impact on the desired outcomes.

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- ¹ Data retrieved 2002 and 2005 from the Outcome & Accountability County Data Reports published January 2007. Source: CWS/CMS 2006 Quarter 2 Extract. Needell, B., et.al. (2006). Child Welfare Services Reports for California. Retrieved February 14, 2007, from U.C. Berkeley Center for Social Services Research website, <http://cssr.berkeley.edu/CWSCMSreports/>
- ² Data retrieved 2002 and 2005 from the Outcome & Accountability County Data Reports published January 2007. Source: CWS/CMS 2006 Quarter 2 Extract. Needell, B., et.al. (2006). Child Welfare Services Reports for California. Retrieved February 14, 2007, from U.C. Berkeley Center for Social Services Research website, <http://cssr.berkeley.edu/CWSCMSreports/>
- ³ Six of the 11 Pilot Counties utilized TDMs at this initial decision-making point in the child welfare process, often on a limited basis because of staffing or funding limitations. The other pilot counties did not utilize TDMs in this way or were not able to provide this data. The 11,000 children is cumulative data provided by the 6 counties for the six quarters between 6/1/05 and 12/31/06.
- ⁴ Percentage changed from 30.7% for children entering care between 7/1/01-6/30/02 to 38.9% for children entering care between 7/1/04-6/30/05. Data was reviewed to determine that the increase is a trend. Source: CWS/CMS 2006 Quarter 2 Extract. Needell, B., et.al. (2006). Child Welfare Services Reports for California. Retrieved February 13, 2007 from U.C. Berkeley Center for Social Services Research website, <http://cssr.berkeley.edu/CWSCMSreports/>
- ⁵ Recurrence rate within 3 months for children experiencing their first reported incident of abuse/neglect between 10/1/02-9/30/03 as compared to those experiencing their first reported incident of abuse/neglect between 4/1/05-3/31/06. Recurrence rate within 6 months for children experiencing their first reported incident of abuse/neglect between 10/1/02-9/30/03 as compared to children experiencing their first reported incident of abuse/neglect between 1/1/05-12/31/05. Recurrence rate within 12 months for children experiencing abuse/neglect between 4/1/02-3/31/03 as compared to children experiencing their first reported incident of abuse/neglect between 7/1/04-6/30/05. Source: CWS/CMS 2006 Quarter 2 Extract. Needell, B., et.al. (2006). Child Welfare Services Reports for California. Retrieved February 12, 2007, from U.C. Berkeley Center for Social Services Research website, <http://cssr.berkeley.edu/CWSCMSreports/>
- ⁶ Information provided by county: 2004-2006.
- ⁷ Percentages based on children who entered foster care for the first time between 7/1/03 and 6/30/04 and were reunified within 12 months, compared to those that entered for the first time between 6/1/00 and 6/30/01. Data was reviewed to determine that the increase is a trend. Source: CWS/CMS 2006 Quarter 2 Extract. Needell, B., et.al. (2006). Child Welfare Services Reports for California. Retrieved February 13, 2007 from U.C. Berkeley Center for Social Services Research website, <http://cssr.berkeley.edu/CWSCMSreports/>
- ⁸ Information provided by county: 09/06.
- ⁹ Information provided by county: Q1-04 – Q1-06.
- ¹⁰ Information provided by county: Q1-04 – Q1-06.
- ¹¹ Information provided by county: 5/06. The study was conducted by Contra Costa CWS and is entitled, "The Effect of Placement Move TDMs."
- ¹² A point-in-time analysis of children in foster care on July 1 from 2001-2006 showed a 13.8% decrease, from 62.3% in 2001 to 48.6% in 2006. Source: CWS/CMS 2006 Quarter 2 Extract. Needell, B., et.al. (2006). Child Welfare Services Reports for California. Retrieved February 14, 2007 from U.C. Berkeley Center for Social Services Research website, <http://cssr.berkeley.edu/CWSCMSreports/>
- ¹³ Information provided by county: 2001-2006.
- ¹⁴ Information provided by county: 2001-2006.
- ¹⁵ Information provided by county: 2001-2006.
- ¹⁶ Percentages represent the comparison of the period 12/02-6/03 to the period 12/05-6/06 for the rate of first removal to kinship and guardianship combined. Source: CWS/CMS 2006 Quarter 2 Extract. Needell, B., et.al. (2006). Child Welfare Services Reports for California. Retrieved January 18, 2007 from U.C. Berkeley Center for Social Services Research website, <http://cssr.berkeley.edu/CWSCMSreports/>
- ¹⁷ Percentages represent comparison of the period 12/02-6/02 to the period 12/05-6/06 rate of first removal to group homes. Source: CWS/CMS 2006 Quarter 2 Extract. Needell, B., et.al. (2006). Child Welfare Services Reports for California. Retrieved January 18, 2007 from U.C. Berkeley Center for Social Services Research website, <http://cssr.berkeley.edu/CWSCMSreports/>
- ¹⁸ Information provided by county: 2003-2005.
- ¹⁹ Information provided by county: 6/05-11/06.
- ²⁰ Information provided by county: 2003-2005.
- ²¹ Information provided by county: 2003-2005.
- ²² Information provided by county: 3/06-12/06.
- ²³ Information provided by county: 2004-2006.
- ²⁴ Information provided by county: Since 9/05.
- ²⁵ Information provided by county: 09/06.
- ²⁶ Information provided by counties: Q3 2005 through Q4 2006.
- ²⁷ Information provided by county: 2004-2006.
- ²⁸ Information provided by county: FY 05-06.
- ²⁹ Information provided by county: 2/03-4/05.
- ³⁰ Information provided by county: 7/05-3/06.
- ³¹ Information provided by county: 5/06-11/06.
- ³² Information provided by county: 7/05-12/06.
- ³³ Information provided by county: 9/05-6/06.
- ³⁴ Information provided by county: 8/05. The study was conducted by Placer CWS.
- ³⁵ Information provided by county: 7/05-12/06.
- ³⁶ Information provided by county: 7/05-3/06.
- ³⁷ Information provided by county.
- ³⁸ Information provided by county.
- ³⁹ Information provided by county.
- ⁴⁰ Information provided by counties.
- ⁴¹ Information provided by county: 2002-2006.

Appendix A: County Abbreviations

The county abbreviations used in this report indicate the following counties:

CC – Contra Costa
GL – Glenn
HU – Humboldt
LA – Los Angeles
PL – Placer
SA – Sacramento
SLO – San Luis Obispo
SM – San Mateo
ST – Stanislaus
TE – Tehama
TR – Trinity

Appendix B: Listing of Relevant AB636 Outcome Statements

Outcome 1: Children are protected from abuse and neglect.

Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Outcome 3: Children have permanency and stability in their living situations without increasing re-entry to foster care.

Outcome 4: Family relationships and connections with children served by the CWS will be preserved, as appropriate.

Outcome 5: Families have enhanced capacity to provide for their children's needs.

Outcome 8: Youth emancipating from foster care are prepared to transition to adulthood.